

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|------|
| FEES DETERMINATION | Jh | 9/29/00 | |
| O.I.P.E. CLASSIFIER | JW | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | 641674 | 11-1 |
| | | | |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted 0 Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | 3/10/00 |
| 1 ✓ | |
| 3 ✓ | |
| 4 ✓ | |
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| Claim | Date |
|----------|---------|
| Final | |
| Original | 3/10/00 |
| 51 ✓ | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here